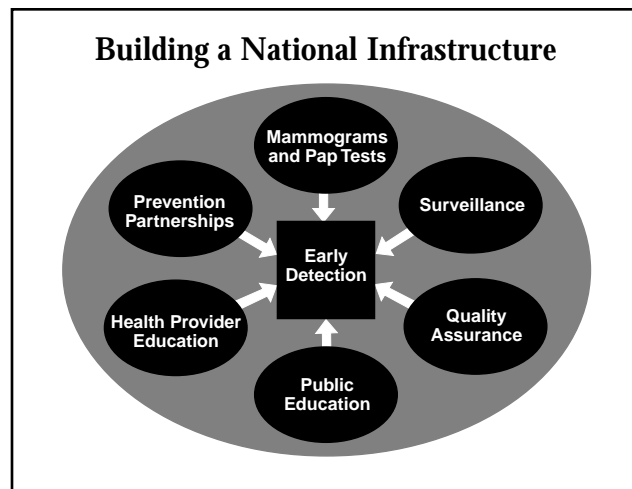


The National Breast and Cervical Cancer Early Detection Program

AT-A-GLANCE

1995



“How tragic it would be if just one woman avoided what might be a life-saving screening program because she questioned its value or simply didn’t know where to go or who to turn to.”

David Satcher, M.D., Ph.D., Director,
Centers for Disease Control and Prevention



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention



Breast and Cervical Cancers

Breast cancer is the most common nondermatologic cancer in American women and is second only to lung cancer as a cause of cancer related deaths. It is estimated that 2 million American women will be

diagnosed with breast or cervical cancer in the 1990s, and half a million will lose their lives. A disproportionate number of deaths will be among minorities and women of low income.

The Program

Public Health Service (PHS) efforts have included the development of a National Strategic Plan for the Early Detection and Control of Breast and Cervical Cancers to ensure that every woman for whom it is deemed appropriate receives regular screening for breast and cervical cancers, prompt follow-up if necessary, and certainty that the tests are performed in accordance with current recommendations for quality assurance. Enactment of The Breast and Cervical Cancer Mortality Prevention Act of 1990 authorized the Centers for Disease Control and Prevention (CDC) to implement many of the activities recommended in the Plan through partnerships with State health agencies and other national organizations. In 1995, CDC entered into the fifth year of this landmark national program that brings critical breast and cervical cancer screening services to underserved women, particularly women of low income, racial/ethnic minorities, and older women.

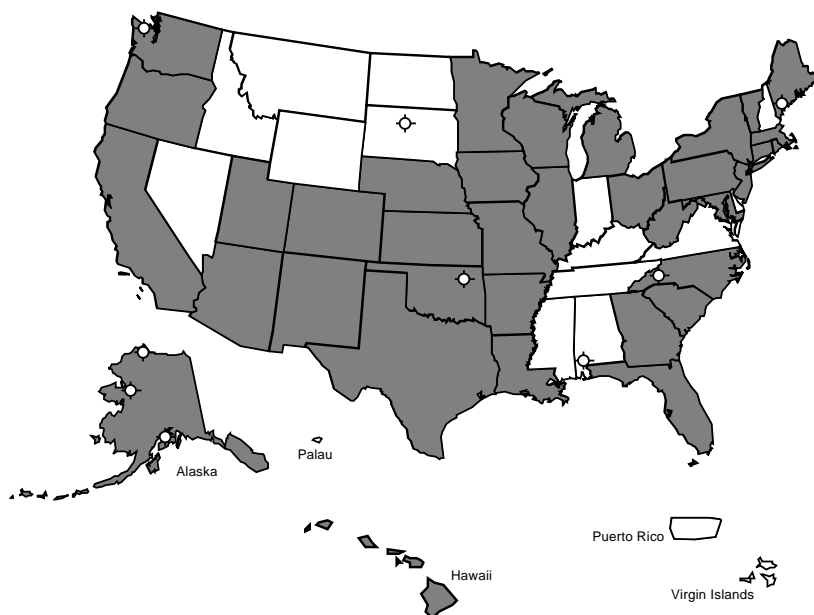
Appropriations of \$100 million in 1995 enable CDC to establish greater access to screening and follow-up services, increased education programs for women and health care providers, and improved quality assurance measures for mammography and cervical cytology.

Fifty States, three territories, the District of Columbia, and nine American Indian tribes and tribal organizations now participate in the program. CDC provides national program leadership in collaboration with other Federal agencies, professional, national, voluntary, and consumer organizations.

“This initiative will remove many of the financial barriers women face in getting timely mammograms and Pap tests.”

—Donna E. Shalala, Secretary
U.S. Department of Health and Human Services

The National Breast and Cervical Cancer Early Detection Program—1995



Comprehensive: Delivering full-service early detection screening programs.

Capacity-Building: Building the health infrastructure to support screening for women.

Why Get Screened?

Breast cancer screening by mammography is the single most effective method of detecting breast cancer in its earliest, most treatable stage. Mammography detects cancer an average of 1.7 years before the woman can feel the lump herself and can locate cancers too small to be felt during a breast examination. **Cancers detected at a smaller size are less likely to have spread to regional lymph nodes or distant body sites.** The intended outcome of cervical cancer screening differs

from that of breast cancer screening; the goal is not to find cancer, but to find precancerous lesions. Detection and treatment of precancerous cervical lesions (dysplasia) identified by Papanicolaou (Pap) screening can actually prevent cervical cancer. **Additionally, if cervical cancer is detected while in its earliest “in situ” stage, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up.**

Common Barriers to Screening

An important barrier to screening is lack of physician recommendation or referral. Factors including low income, fewer years of education, and increasing age also impact screening behavior among women of all races. Women of low income are hindered by limited access to health care, screening costs, and fear of finding breast cancer. Reasons for the poor use of

screening among older women are unclear, but may include an inaccurate perception of actual risk for cancer and the belief that screening exams are necessary only if symptoms are present. Other studies show that many women, regardless of age, remain unaware of the value of screening.

Reaching Out

“Comprehensive strategies will be needed to educate and motivate women to seek screening services.”

—Donna E. Shalala, Secretary
U.S. Department of Health and Human Services

Innovative Program Strategies

The program has made significant progress in building State and community partnerships to serve women. Various outreach activities have been designed to educate women and motivate them to be screened.

- In New York, the State health department has established Breast Health Partnerships as a unique method of delivering comprehensive breast and cervical cancer screening throughout the State. The Breast Health Partnerships are problem solving groups that work to bring the resources of all the partners “to the table” to address and overcome barriers to breast health education and breast cancer screening.

For example, the Fort Green community in Brooklyn, New York, established a Breast Health Partnership with participation from more than 30 agencies. The American Cancer Society (ACS) functions as the coordinating agency and is responsible for the communication with all partners. The contract for screening services and data management is managed by the YWCA. Some of the

participating agencies include Brooklyn’s energy assistance program, the Haitian Community Health Project, the Office of Equal Opportunity, a learning center, and community health centers.

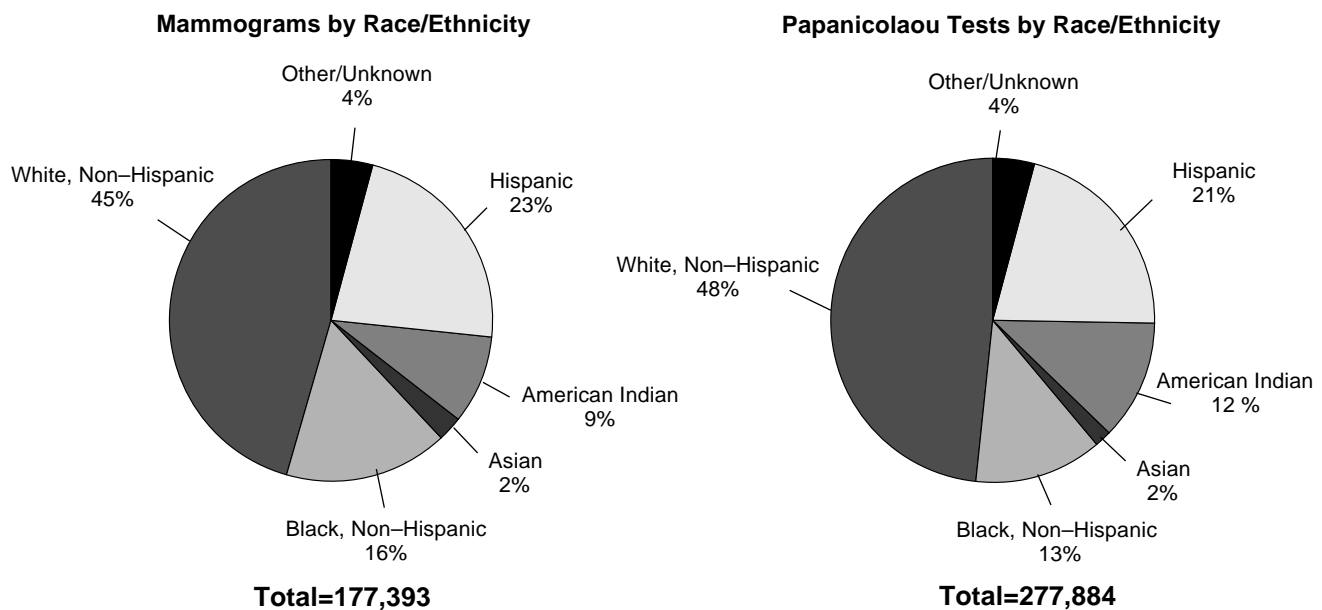
- The Maryland program has placed outreach workers at each of the county health departments throughout the State. The women hired for these positions come from the community and are primarily minorities and older women. Sites for recruitment include senior housing, factories, homemaker clubs, low income housing, thrift shops, picking farms on the seacoast, churches, flu clinics, and nursing homes. Using this community-based approach, Maryland has been particularly effective in reaching and screening older women for breast and cervical cancers.

American Indian Tribes and Tribal Organizations

CDC launched a major initiative in 1994 to directly fund tribes and tribal organizations to establish comprehensive screening programs to improve our capacity to reach American Indian women.

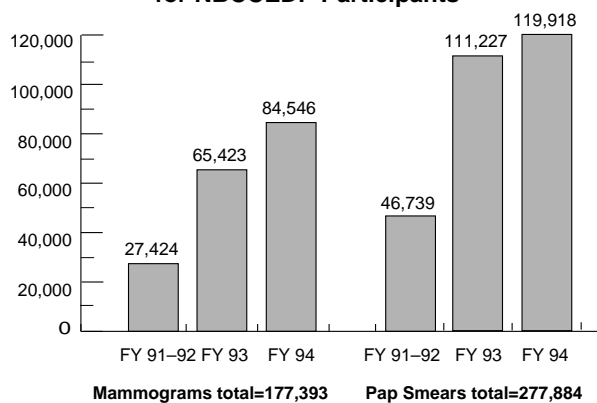
Nine tribes were funded for an average award of \$250,000. With these services the tribes will screen 13,000 women for breast cancer and 25,000 women for cervical cancer.

Percent Distribution of Mammograms and Papanicolaou Tests Provided to NBCCEDP Participants, by Race/Ethnicity, 1991–1994



Source: Minimum Data Elements through 9/30/94 reported by 17 States with comprehensive screening programs
Includes: Mammograms performed for screening or for evaluation of an abnormal breast exam

Number of Examinations for Fiscal Years 1991–1994 for NBCCEDP Participants



Source: Minimum Data Elements through 9/30/94

Provider Education

In a comprehensive approach to early detection and control of breast and cervical cancers, the primary care provider is key in ensuring that women seek and receive high-quality screening tests. To support all areas of

professional practice, funds have been granted to national organizations and academic institutions representing physicians, nurses, and physician assistants. These organizations are developing and implementing medical school curriculum, continuing medical education activities, and office-based systems that support provider screening activities.

- American Academy of Physician Assistants
- American Medical Womens Association
- American Nurses Association ■ Brown University
- Educational Development Center and Dartmouth University

National Organizations Program

In March of 1994, CDC awarded funds to national organizations to educate their constituents about breast and cervical cancers, to increase access to breast and cervical screening among priority populations, and to develop strategies for reaching priority populations in collaboration with State health agencies.

- American Association of Retired Persons
- American Federation of Teachers Education

Foundation ■ American Indian Healthcare Association ■ Mayo Foundation, Inc. ■ National Caucus and Center on Black Aged, Inc. ■ National Coalition of Hispanic Health and Human Service Organizations ■ National Education Association ■ National Hispanic Council on Aging ■ National Migrant Resource Program, Inc. ■ Susan G. Komen Breast Cancer Foundation ■ World Education ■ YWCA of the U.S.A.

National Collaborations

The ability to implement a national strategic plan to control breast and cervical cancers depends largely on the involvement of various health care partners in State and local governments, physicians, national organizations, the private sector, and consumers. CDC relies heavily on these partnerships in the community to build the necessary infrastructure to provide screening services for all women who need them.

- **American Cancer Society.** The CDC and ACS collaboration combines the resources of national, State, and local ACS divisions with CDC and its strong ties to the departments of health in every State. Working through its national office and local divisions, ACS assists in the development and delivery of CDC-directed State programs. Local ACS divisions serve as active partners with State health departments to increase screening services to underserved populations. CDC collaborates with ACS staff in all programmatic areas, including establishing early detection programs, provider education efforts, and special demonstration projects.
- **YWCA of the U.S.A.** CDC has entered into a collaborative agreement with the YWCA of the U.S.A. Women's health is fundamental to the vision of the YWCA of the U.S.A. As partners in prevention and education, CDC and the YWCA of the U.S.A. have initiated activities in many of the NBCCEDP-funded States. Through the YWCA of the U.S.A. ENCORE^{Plus} Program, support services are provided to remove barriers to health education and medical services, including transportation, day care, counseling, education, and peer support. The YWCA of the U.S.A. also offers critical follow-up for women diagnosed with breast cancer.
- **AVON.** In 1993, a unique public/private partnership was established among CDC, AVON Products Inc., YWCA of the U.S.A., the National Alliance of Breast Cancer Organizations (NABCO), and the National Cancer Institute (NCI) to educate women

about breast health and to improve access to early detection services. Avon created the Avon Breast Health Access Fund and raised \$10 million to support community-based efforts through the sale of its Breast Cancer Awareness pin and key ring. Avon has funded more than 125 programs through NABCO and YWCA of the U.S.A., and these organizations work closely with State health agencies to provide breast health education, recruitment and outreach, and support services to women. Avon's sales representatives have distributed 32 million educational brochures in a woman-to-woman outreach effort.



- **National Governors' Association Governors' Spouse Program.** On July 18, 1994, the National Governors' Association (NGA) Governors' Spouse Program launched a national campaign to enhance public understanding regarding breast cancer and to create awareness about the importance and availability of early detection programs. The centerpiece of the NGA Breast Cancer Awareness Campaign was a series of women's forums that occurred in States during October 1994, National Breast Cancer Awareness Month. These forums, sponsored in each State by the Governor's spouse, the State affiliate of ACS, and the State health department, provided an opportunity for women to voice their concerns about breast health and breast cancer and learn what positive steps women can take to ensure good breast health. Activities were reported in 32 States during the 1994 National Breast Cancer Awareness Month. This Campaign represented a collaborative effort among NGA, ACS, and CDC.

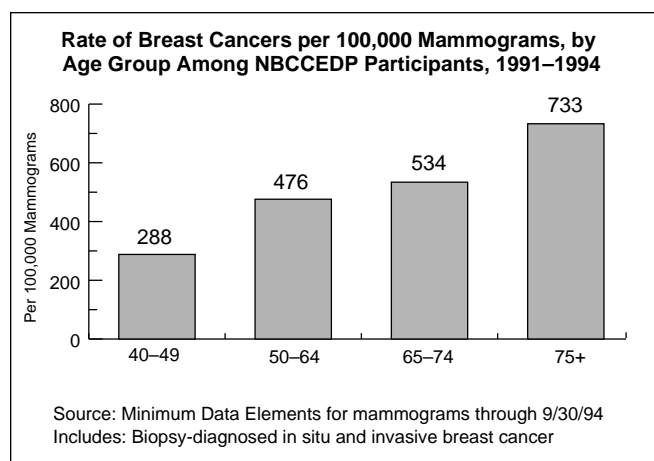
Treatment

The program's legislative mandate does not permit payment for treatment; however, funded States have shown creativity and determination in identifying and securing treatment services for women diagnosed with breast or cervical cancer. These treatment sources reflect the extent of State and local government support, medical provider generosity, and community commitment. Examples include county programs for

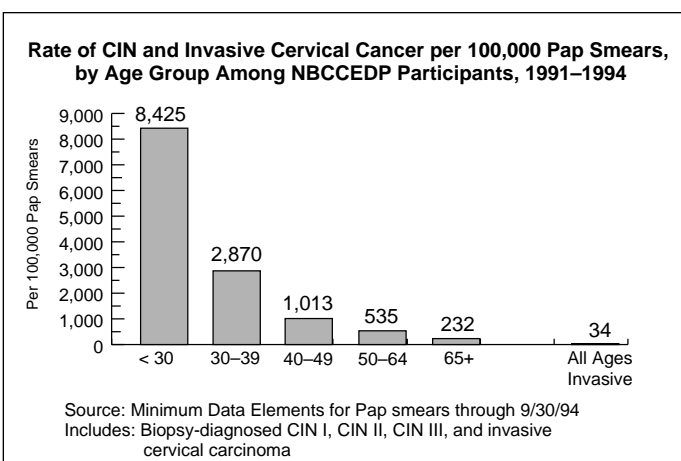
the indigent, State-funded Cancer Clinics, and in one State, a legislative mandate to use cigarette tax revenue for treatment. Medical providers and hospitals in communities have also donated treatment services. Community commitment demonstrated in some States ranges from community efforts to raise funds for treatment to the willingness of a local foundation to pay for treatment for women with no other resource.

How the Program Has Helped

A total of 177,393 women received a mammogram through the program. Of these women, 7 percent had abnormal results (i.e., suspicious abnormality, highly suggestive of malignancy, or assessment incomplete requiring additional radiological evaluation). Breast cancer was diagnosed in 752 women. The rates of breast cancer increased with increasing age.



A total of 277,884 women were screened by Pap testing. Of these women, 5 percent had abnormal results (i.e., low-grade squamous intraepithelial lesion [SIL], high-grade SIL, or squamous cell carcinoma). A total of 8,426 women had biopsy-diagnosed cervical intraepithelial neoplasia (CIN) I, II, or III, a precursor of cervical cancer that can be successfully treated. Ninety-five (95) invasive cervical cancers were detected. The rates of CIN decreased with increasing age.



Other Key Partners

AMC Cancer Research Center ■ American College of Physicians ■ American College of Radiology ■ American Public Health Association ■ Arctic Slope Native Association, Ltd. ■ Association of State and Territorial Health Officials ■ Association of State and Territorial Chronic Disease Program Directors ■ Association of State and Territorial Directors of Public Health Education ■ Association of Teachers of Preventive Medicine ■ Cherokee Nation ■ Cheyenne River Sioux Tribe ■ Conference of Radiation Control Program Directors ■ Eastern Band of Cherokee Indians ■ Food and Drug Administration

■ Health Care Financing Administration ■ Health Resources and Services Administration ■ HUD ■ Indian Health Service ■ Maniilaq Association ■ National Alliance of Breast Cancer Organizations ■ National Association of County Health Officials ■ National Cancer Institute ■ National Institute for Occupational Safety and Health ■ National Medical Association ■ Pleasant Point Passamaquoddy Tribe ■ Poarch Band of Creek Indians ■ South Puget Intertribal Planning Agency ■ Southcentral Foundation ■ State Health Departments

For more information, please contact the Centers for Disease Control and Prevention, Mail Stop K 64, 4770 Buford Highway NE, Atlanta, GA 30341–3724, (770) 488-4751.